

**REFUGEE SERVICES –
INFORMATION TRANSMITTAL****DISTRIBUTION:** Original Copy: Service Provider
Second Copy: Case File

SERVICE PROVIDER ADDRESS

<input type="checkbox"/> RCA	<input type="checkbox"/> CaWORKs	<input type="checkbox"/> GA/GR
CLIENT NAME		SSN
CASE NUMBER		ALIEN NUMBER
WORKER NAME		DATE
WORKER NUMBER	TELEPHONE ()	

REASON FOR COMMUNICATING (CHECK ✓ AND/OR COMPLETE APPLICABLE ITEM)**SECTION I. CLIENT STATUS CHANGES**

- ☐ Client continues as mandatory referral
- ☐ Client no longer mandatory referral:
- ☐ Exempt (Reason): _____
- ☐ Other (Reason): _____
- ☐ Good cause was/was not found on _____ for the following reason: _____
(CIRCLE ONE)
- Sanction effective _____ through _____

SECTION II. CHANGES TO CLIENT'S PERSONAL DATA

- ☐ New address: _____
- ☐ New telephone number: _____
- ☐ Transfer to another aid program: _____ to _____
- ☐ Social security number: _____
- ☐ Client reported employment with _____ at _____
NAME OF EMPLOYER
- _____ on _____
LOCATION DATE
- ☐ Client filed for State Hearing
- ☐ State Hearing scheduled for _____, at _____, in _____
(DATE) (TIME) (PLACE)
- State Hearing outcome: ☐ State Hearing request withdrawn ☐ Client's appeal granted
- ☐ Client's appeal denied

SECTION III. COMMENTS

WORKER SIGNATURE

TELEPHONE NUMBER

DATE

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Refugee Services – Instructions

RS-18 INFORMATION TRANSMITTAL

Purpose: The RS-18 is used by the county welfare department to notify the Service Provider of a change in status of mandated referrals of Refugee Cash Assistance (RCA), California Work Opportunity and Responsibility to Kids (CalWORKs) or General Assistance/General Relief (GA/GR) recipients to Refugee Employment/Training Services.

Form Completion Instructions:

The County Welfare Department:

1. Enters the address of the appropriate Service Provider office.
2. Checks appropriate box indicating program (RCA, CalWORKs or GA/GR).
3. Enters case data and other identifying information in upper right-hand corner.
4. Checks the appropriate reason for communicating information (Section I or II).
5. The person who completes the form must sign and date the form below in Section III.
6. The CWD is to retain one copy for the client's case file.

SECTION I – To be used by the CWD if any of the following changes in the client's status occur:
(*This section must be completed every time*)

- Client continues as mandatory referral
- Client no longer mandatory referral
- Registrant becomes exempt
- If good cause was/was not established, indicate reason
- Sanction imposed, indicate sanction period

SECTION II – To be used by the CWD if any of the following changes on client's personal data occur:

- New address
- New telephone number
- Transfer to another aid program (specify both programs)
- Social security number
- Client reported employment (specify name of employer, location and date)
- Client files for State Hearing
- Indicate date, time, and place of State Hearing, if known. If the Service Provider's presence at the State Hearing is needed, it is the CWD responsibility to inform the Service Provider of the date, time and place of the State Hearing
- Check appropriate box (State Hearing request withdrawn, appeal granted or appeal denied)

SECTION III – To be used for comments.